

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
U91936420

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1			1				51							
2				1			52							
3					1		53							
4						1	54							
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45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.			22		1									
TOTAL DEP.			7											
TOTAL CLAIMS			9											

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS